## N.C. Department of Transportation-Division of Aviation State Aid to Airports Program

AIRPORT NAME:	PROJECT #:
<b>DESCRIPTION</b> :	
Certification of Local Funds and Accounting Information	
Total State Aid Grant:	Federal Block Grant:
Local Matching Funds Required:	representing a local share of the project
1. Accounting System I	nformation
Official Name of Sponsoring Agency:_	
Name of Budget Official Responsible for	or Project Accounting:
Title of Budget Official Responsible for	Project Accounting:
Budget Official Telephone Number:	FAX:
2. Certification of Local Fu	ands Availability & Single Audit Accounting
into the budget of the Sponsoring local Aid to Airports Grant Agreement and governmental unit to enter into contract	share of \$ required for this project has been officially approved, placed governmental unit and will be available for expenditure upon execution of the State start of this project. I further certify that the authority of the Sponsoring local its with the state of North Carolina has been reviewed by the governmental attorney all governmental unit is duly authorized to commit the Sponsor to an Agreement with portation.
State Auditor, that the Sponsor has n	this project will be accounted for in a manner consistent with the requirements of the nade appropriate arrangements to have its accounts audited on an annual basis in t of the State of North Carolina, and that each annual Single Audit will contain the
Signed:	
Title:	
Name of Sponsoring Local Government	al Unit:
Date:	

RETURN FORM TO: NCDOT AVIATION, GRANTS MANAGER, 1560 MAIL SERVICE CENTER, RALEIGH, NC 27699-1560